# THE TEXAS TB REGISTRY SYSTEM

# WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection**, **storage**, **retrieval**, **analysis**, and **dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

# TB CASE DEFINITION

- Clinical Case
  A case that meets **all** of the following criteria:
  - A positive TST result or positive IGRA for *M. tuberculosis*
  - Other signs and symptoms compatible with TB
  - Treatment with two of more anti-TB medications
  - A completed diagnostic evaluation

- Laboratory criteria for diagnosis
  Any one of these:
  - Isolation of M. TB complex from a clinical specimen
  - Demonstration of M. TB complex from a clinical specimen
  - Demonstration of acid-face bacilli in a clinical specimen when a culture has not been or cannot be obtained or is falsely negative or contaminated.
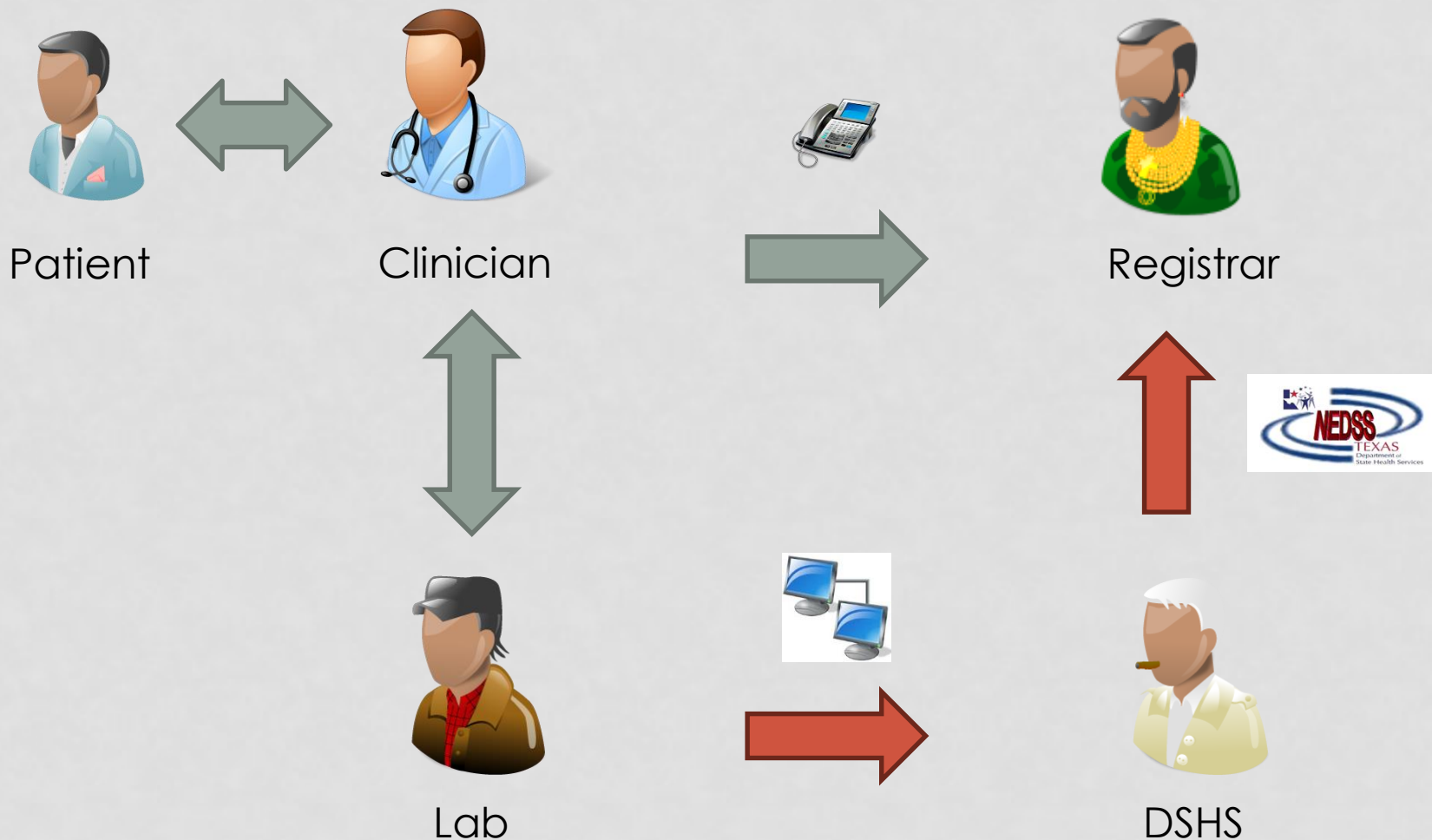
# TEXAS TB REGISTRARS
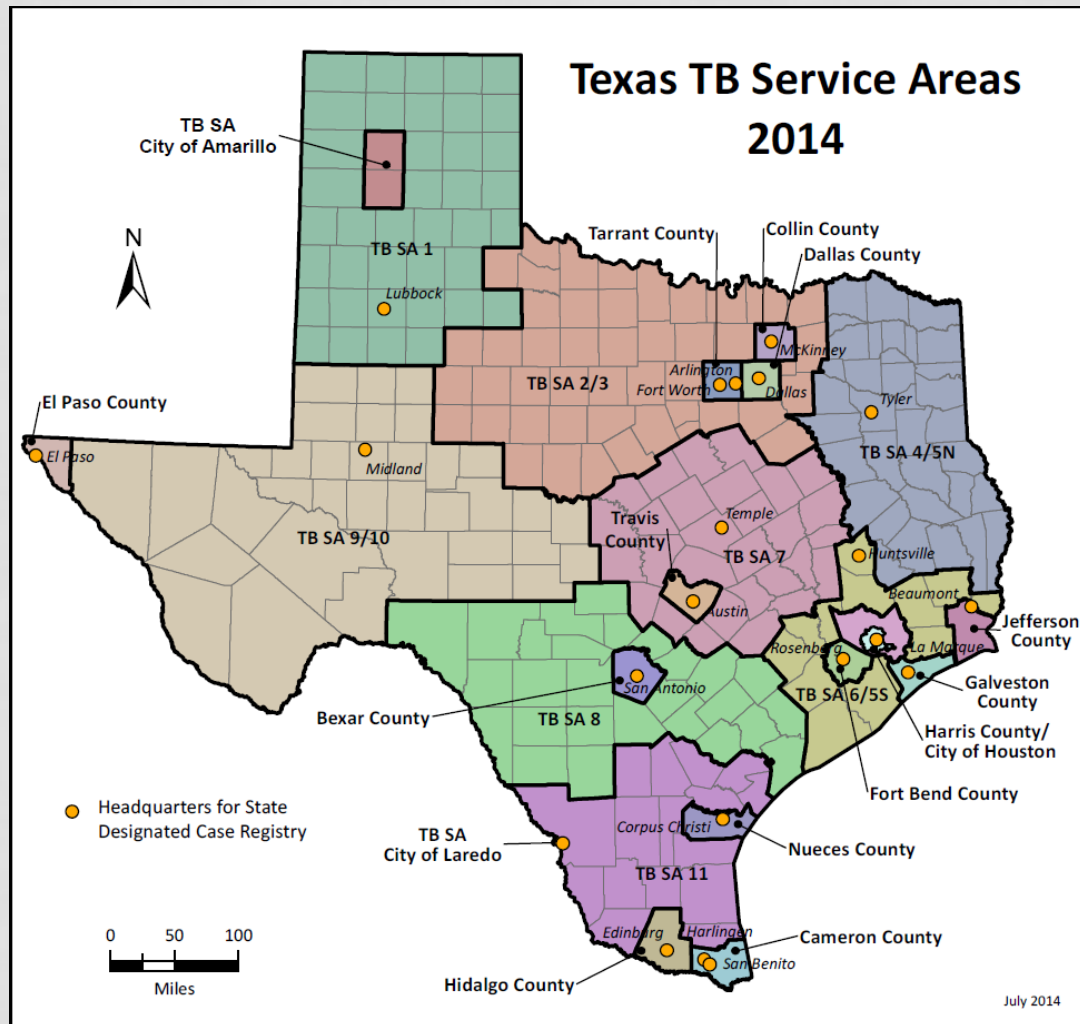


Texas TB Service Areas 2014

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# LABORATORY & PROVIDER REPORTING

# OTHER REGISTRIES

- Vital Records
  - Death Records Related to TB
- Electronic HIV/AIDS Reporting System (eHARS)
  - TB HIV Co-infection
- TB Net
  - Immigrant TB History
  - National XDR/MDR
- Tracker
  - Texas MDR/XDR
- Other State's TB Registries

# DATA COLLECTION SOURCES

Laboratories

Providers

Other Registries

Contact
Investigations

Other States

TB
Registrars

To DSHS
& CDC
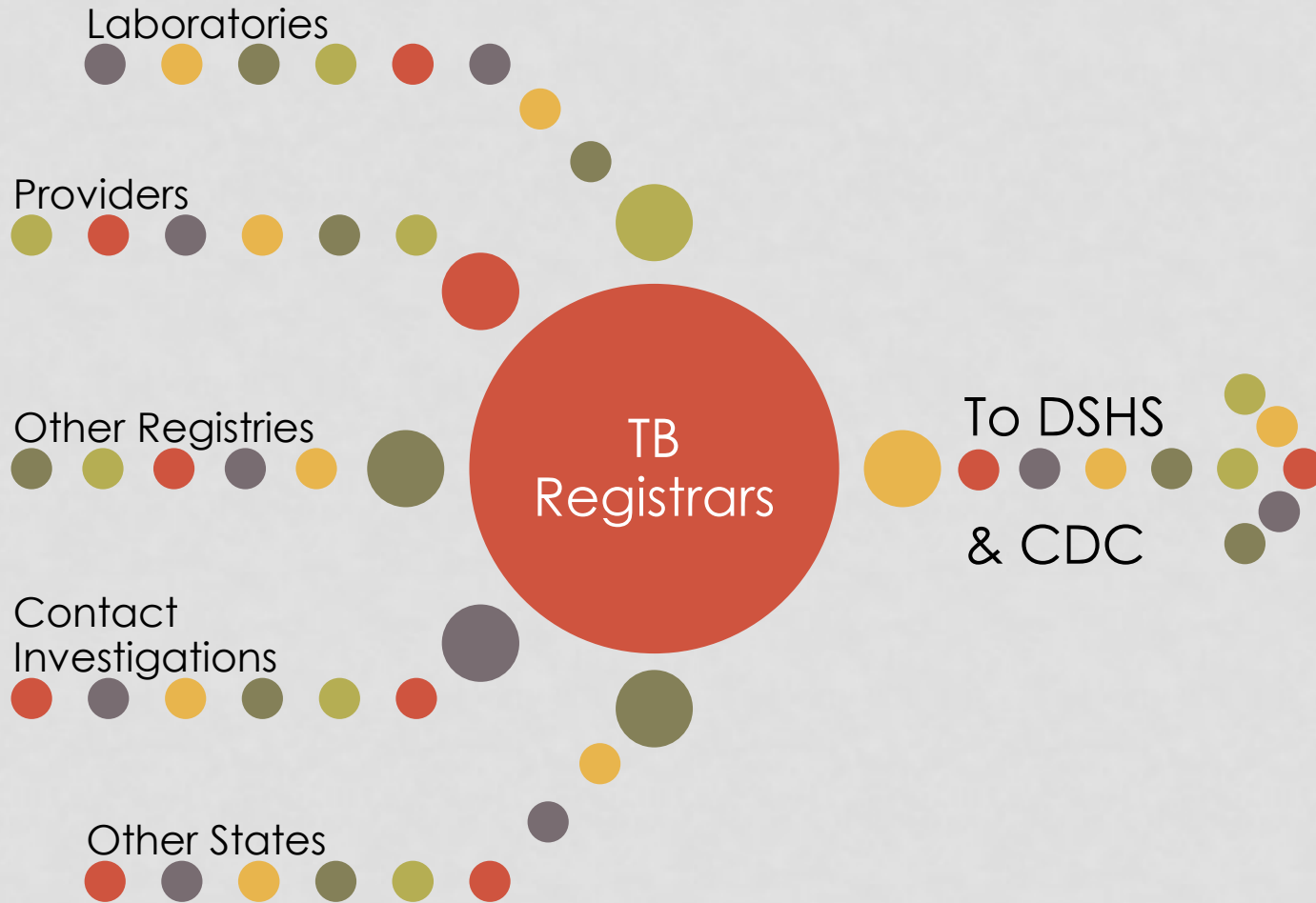
# CASE DATA COLLECTION AND REPORTING

Patient information collected on various data collection tools

RVCT Form (official reporting form) completed from data collection tools

RVCT form sent to Central Office

RVCT Form reviewed, information verified and entered into TB-PAM

Case information transmitted to CDC
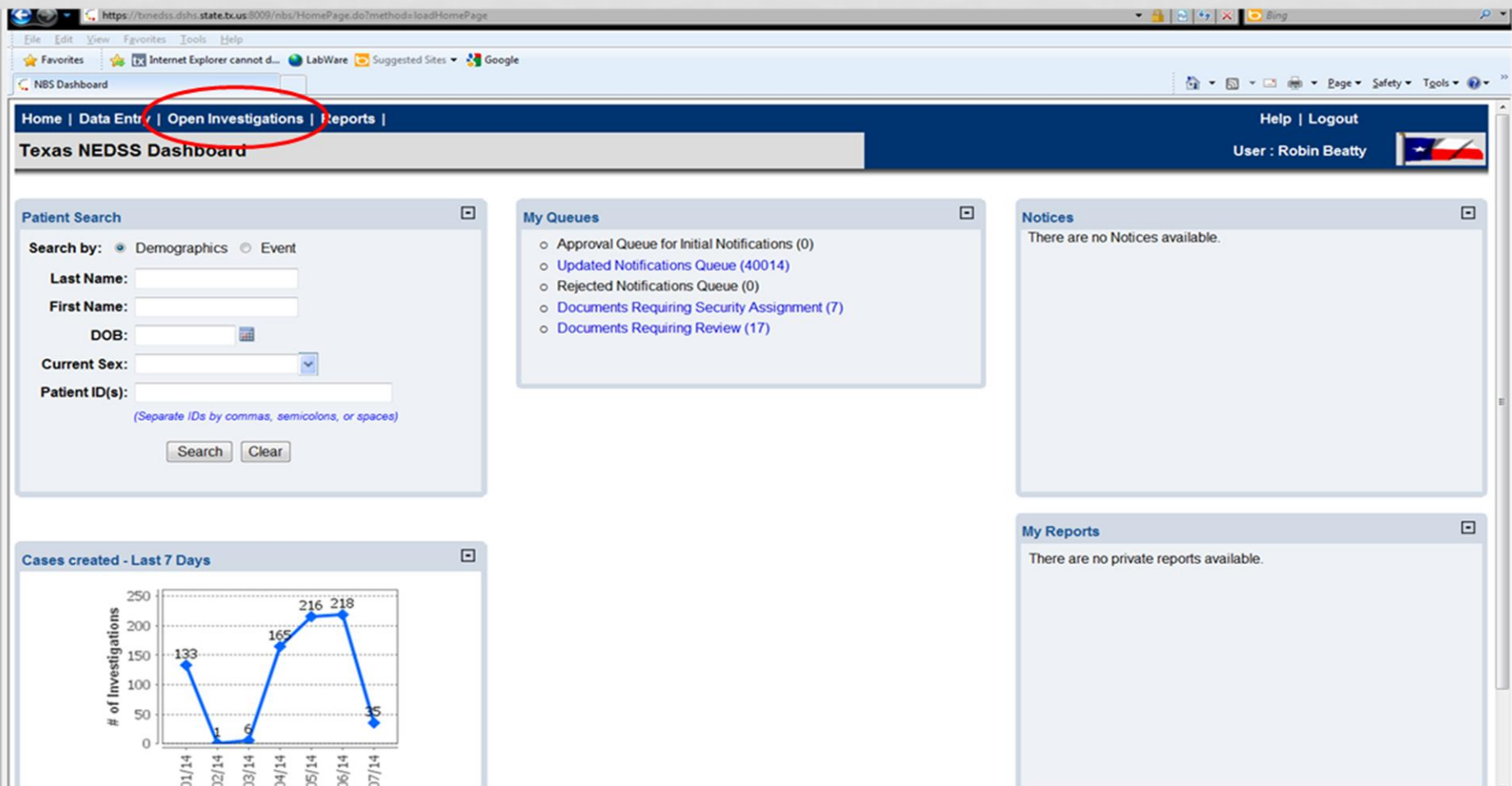
IMPORTED INTO TBPAM

# WHAT REGISTRARS COLLECT

- RVCT

- Follow Up 2 Pages 5-6 Case Completion report
  - For cases when treatment stopped
  - For cases transferred in from an out of state jurisdiction within the U.S.
  - FU2 P5-6 not necessary for Suspects, when it becomes a case
  - FU2 P5-6 not applicable for Cases reported "dead" at diagnosis

- TB-340 and 341

- TB Suspect Case Verification Report

- Counted Case Verification Report

# RVCT

Report of Verified Case of Tuberculosis

# REQUIRED RVCT DATA ELEMENTS

1. Complete name
2. Social security number
   a. 999-99-9999 if they have a ssn but is unknown
   b. 000-00-0000 if undocumented immigrant
3. Sex
4. Date of birth
5. Race and ethnicity
6. Country of origin; If non U.S., date of entry into the U.S.

   …

# REQUIRED RVCT DATA ELEMENTS

7. Address
   a. city
   b. county
   c. zip-code with 4 digit code and if in or outside city limits;
   d. If diagnosed while in a facility or shelter, the name of the facility or shelter (Include address verification)
8. Criteria for confirmed case of TB must be documented on the case verification report.
9. Copy of Non DSHS lab report if case is a lab confirmed case and susceptibilities
10. Criteria for clinical case
11. Criteria for clinical case by provider diagnosis

# FOLLOW UP 1 AND 2

# FOLLOW UP 2 REQUIREMENTS

- Date of Sputum conversion if sputum positive
- Updated locating information if patient moved during treatment
- Drug Therapy information
  - Total weeks of directly observed therapy
- Drug stop date and justification
- Final Susceptibilities

# CONTACT AND SUSPECTS

TB-340

for contacts to confirmed cases

for suspected cases (hold until disease ruled out)

# TB-340 REQUIREMENTS

- **A. Case/Suspect Information**
  - Case or suspect record must have already been reported
  - Last Name, First Name, and Middle Name
  - DOB
  - SSN if applicable
  - Culture ID
  - Compliant with therapy
  - Source Case (enter "*unknown*" if the source case has not or cannot be determined)
  - If duplicate contacts, what is the name of the index case?
  - If no contacts were identified, what is the rationale?

- **B. Interview Information**
  - Date case/suspect reported
  - Name of Interviewer
  - Date Interview Conducted
  - Clinic, PMD or other facility responsible for conducting the interview

# MORE TB-340 REQUIREMENTS

- **C. Contact Information**
- Last, First, and Middle Name
- SSN if applicable
- Sex
- Race and Ethnicity
- Address  If unknown, city and county will default to that of the source case
- Relationship of the contact to the case/suspect?
- Exposure Risk
- Exposure Site
- Date contact broken  If contact not broken, indicate as "ongoing"
- History of positive TST
- Current TST date and results in millimeters?  Positive?  Yes or No? If $1^{st}$, $2^{nd}$ or $3^{rd}$ was recommended and contact refused, indicate as "refused TST".
- CXR date?  If CXR done, normal or abnormal?  If a
  CXR was recommended and the contact refused, indicate as "refused CXR".
- Date Treatment started - Enter date only if TB disease was ruled out and contact is started on preventive treatment only.  Previous dates can be entered in comments.
- If drug start and drug stop dates are left blank, will not default to "not started on treatment –
- If not started on treatment, Indicate if "SNLN" or "refused" or treatment was not recommended.  If treatment was not recommended, indicate the number of months recommended as '"0".
- Treatment stopped - Indicate the corresponding closure code.
- If contact moved to a known destination, was a referral sent
- Number of months recommended and actually taken
- Clinic following contact

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# TRANSMISSION TO CENTRAL OFFICE

# TBPAM/NEDSS

**Patient File**

Print

## Robin Beatty | Female | 01/01/1952 (52 Years)          Patient ID: 123456

| Summary | Events | Demographics |

Expand All | Collapse All

**Patient Summary**

Go to: Patient Summary | Open Investigations | Documents Requiring Review

**■ Patient Summary**                                                    Back To Top

**Address (Home)**          No Phone Info Available          No ID Info Available          **Race**
John Peter Smith Hospital                                                                   No Race Info Available
1500 South Main                                                                             **Ethnicity**
Fort Worth, Texas 76104                                                                     No Ethnicity Info Available
Tarrant County

**■ Open Investigations (1)**                                            Back To Top

| Start Date | Conditions | Case Status | Notification | Jurisdiction | Investigator | Investigation ID |
|---|---|---|---|---|---|---|
| 08/08/2014 | Tuberculosis | Suspect | | Tarrant CO Public Health Dept | | CAS482097063TX01 |

**➕ Documents Requiring Review (0)**                                     Back To Top

**Previous   Next**

| Summary | Events | Demographics |

Print

# CONTACTS DATABASE

## External Contacts Main Database

### Direct Data Entry

**Add Contacts (New Forms)**

**Add Contacts (Old Forms)**

**Enter your Intials:** JPI

**View All Contacts**

### Database Maintenance

**Apply Updates**

**Export Analysis Dataset**

**Backup Database**

**Create New User**

**Import New Cases**

**Additional Dataset Maintenance**

### Reporting

**Line List of Cases Missing Contacts**

**Line List of Contacts Identified as Cases**

**Export Final Analysis Table (EOY Reporting)**

**Run Summary Aggregate Report**

**Run Quarterly Performance Measures**

Exit

# MAVEN

## Maven Disease Surveillance Suite

### Workflows

| Workflow Queue | Events |
|---|---|
| Cases with Open Concerns | 3 (0) |

More ...

### Tasks

| Type | Priority | Name | Disease |
|---|---|---|---|
| No tasks to display | | | |

More ...

### Recent Cases

| Event ID | Name | Disease |
|---|---|---|
| 100000088 | Cat, Tom F Jr. | 900 - HIV Case Report Form - Adult |
| 100000087 | Cat, Tom F Jr. | 900 - HIV |
| 100000073 | Sam, Yosamity J | 900 - HIV Case Report Form - Adult |
| 100000028 | two, test | 900 - HIV Case Report Form - Adult |
| 100000042 | hiv, hiv | 900 - HIV Case Report Form - Adult |

More ...

### Welcome To Maven Disease Surveillance Suite

This is customizable area for deployment specific dashboard content.
To get started, please review the latest user guide.

### Activity

#### Activity Summary as of 10/29/2014 11:08 AM

| Type | # Last Week | # Average Last 4 Weeks | # Last 52 Weeks |
|---|---|---|---|
| 100 - Chancroid | 1 | 1 | 7 |
| 300 - Gonorrhea | 1 | 1 | 5 |
| 700 - Syphilis | 3 | 7 | 32 |
| 200 - Chlamydia | 0 | 0 | 1 |
| 900 - HIV | 0 | 1 | 11 |
| 900 - HIV Case Report Form - Adult | 0 | 3 | 13 |
| 900 - HIV Case Report Form - Pediatric | 0 | 1 | 5 |
| Facility | 0 | 0 | 5 |
| Provider | 0 | 0 | 5 |
| Tuberculosis | 0 | 1 | 7 |

### Help Desk

Contact Us
1-800-SUPPORT

Email Us
help@support.org

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# CDC CASE REPORTING

- Daily, case information is transmitted to CDC
- Processed by CDC weekly in NTSS (CDC system)
- Progress toward CDC objectives displayed on NTIP

## Aggregate Reports For Tuberculosis Program Evaluation
Follow-up and Treatment for Contacts to Tuberculosis Cases

**Program Area:** Texas [Excludes Houston]     [Print]

**Cohort Year:** 2012

**Date Report Updated:** 09/10/2013     (Format: MM/DD/YYYY)

### Part I. Cases and Contacts

Types of Cases for Investigation:

| | Sputum Smear + | Sputum Smear - Cult.+ | Others |
|---|---|---|---|
| Cases reported in RVCT | 401 | 192 | |
| Cases for Investigation | 397 (a1) | 186 (a2) | |
| Cases with No Contacts | 45 (b1) | 30 (b2) | |
| Number of Contacts | 9547 (c1) | 3765 (c2) | 2691 (c) |
| Evaluated | 6446 (d1) | 2182 (d2) | 1648 (d) |
| TB Disease | 41 (e1) | 6 (e2) | 5 (e) |
| Latent TB Infection | 1907 (f1) | 549 (f2) | 454 (f) |
| Started Treatment | 1010 (g1) | 192 (g2) | 259 (g) |
| Completed Treatment | 277 (h1) | 74 (h2) | 107 (h) |
| **Reasons Treatment Not Completed:** | | | |
| Death | 0 | 0 | 0 |
| Contact Moved(follow-up unknown) | 14 | 0 | 4 |
| Active TB Developed | 1 | 1 | 0 |
| Adverse Effect of Medicine | 18 | 0 | 4 |
| Contact Chose to Stop | 86 | 15 | 29 |
| Contact is Lost to Follow-up | 84 | 12 | 14 |
| Provider Decision | 21 | 3 | 6 |

### Part II. Evaluation Indices

| | Sputum Smear + | Sputum Smear - Cult.+ | Others |
|---|---|---|---|
| No-Contacts Rate | 11.3 (b1/a1),% | 16.1 (b2/a2),% | |
| Contacts Per Case | 24.0 (c1/a1) | 20.2 (c2/a2) | |
| Evaluation Rate | 67.5 (d1/c1),% | 57.9 (d2/c2),% | 61.2 (d/c),% |
| Disease Rate | 0.6 (e1/d1),% | 0.3 (e2/d2),% | 0.3 (e/d),% |
| Latent Infection Rate | 29.6 (f1/d1),% | 25.2 (f2/d2),% | 27.5 (f/d),% |
| Treatment Rate | 52.9 (g1/f1),% | 34.9 (g2/f2),% | 57.0 (g/f),% |
| Completion Rate | 27.4 (h1/g1),% | 38.5 (h2/g2),% | 41.3 (h/g),% |

[Update] [Cancel] [Delete]

# WHAT ARE THE USES OF INFORMATION IN REGISTRIES

- Conducting Research Gaining Understanding
  - Examining trends of disease over time
  - Determining the incidence of disease
  - Estimating survival
  - Evaluating health effects of specific exposures
  - Investigating etiologic hypotheses

- Informing the Public

- Informing Policy

- Directing Resources
  - Estimating magnitude of a problem
- Evaluation
  - Assessing service delivery and identifying groups at high risk

# HOW SURVEILLANCE FITS INTO THE GENOTYPING INFORMATION FLOW

Case identified locally and patient information collected

Lab Report alerts Central Office to case

RVCT Form completed and sent to Central Office

RVCT Form reviewed, information verified and entered into TB-PAM; Genotype accession number entered into TB-PAM

Case information transmitted to CDC

Culture Isolate or raw specimen sent to DSHS lab

Transmitted to Michigan lab/CDC for genotyping

Genotype with DSHS and Michigan Accession numbers in TB-GIMS

**FIGURE 1. Rate\* of tuberculosis cases, by state/area — United States, 2013†**
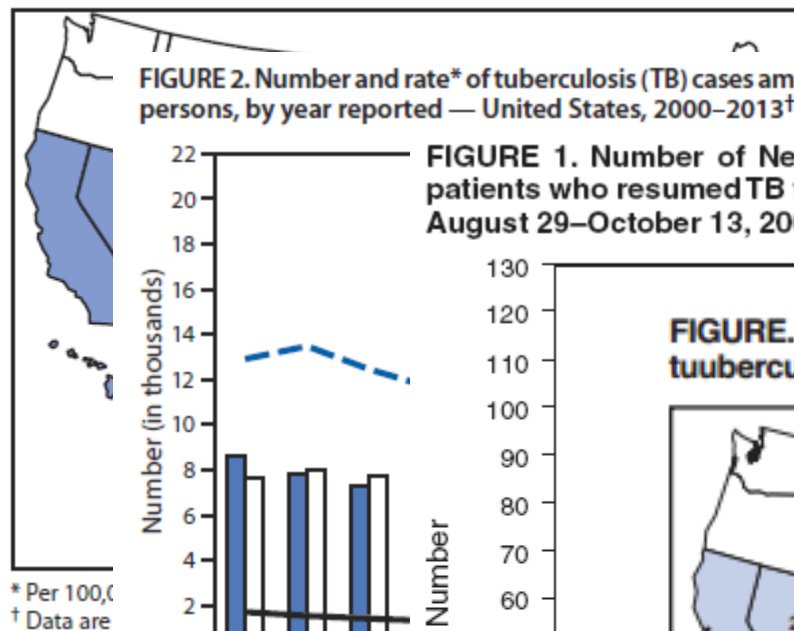


\* Per 100,0
† Data are

**FIGURE 2. Number and rate\* of tuberculosis (TB) cases among U.S.-born and foreign-born persons, by year reported — United States, 2000–2013†**
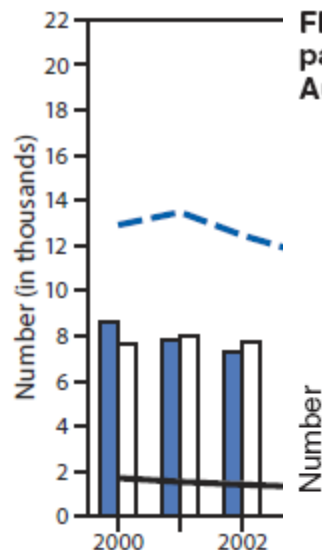


**FIGURE 1. Number of New Orleans-area tuberculosis (TB) patients who resumed TB treatment (if indicated),\* by date — August 29–October 13, 2005**
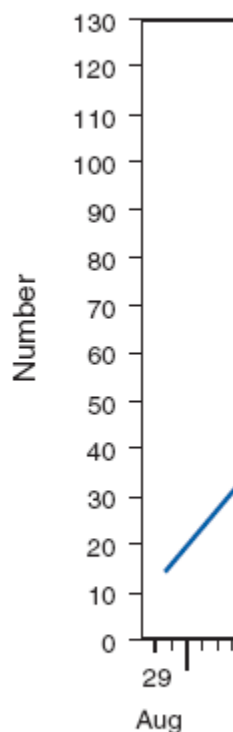


\* After landfall of Hu

**FIGURE. Number of reported cases of extensively drug-resistant tuuberculosis (XDR TB)\* — United States, 1993–2006**



\* XDR TB defi
fluoroquinolon
amikacin, or c
† Excludes New
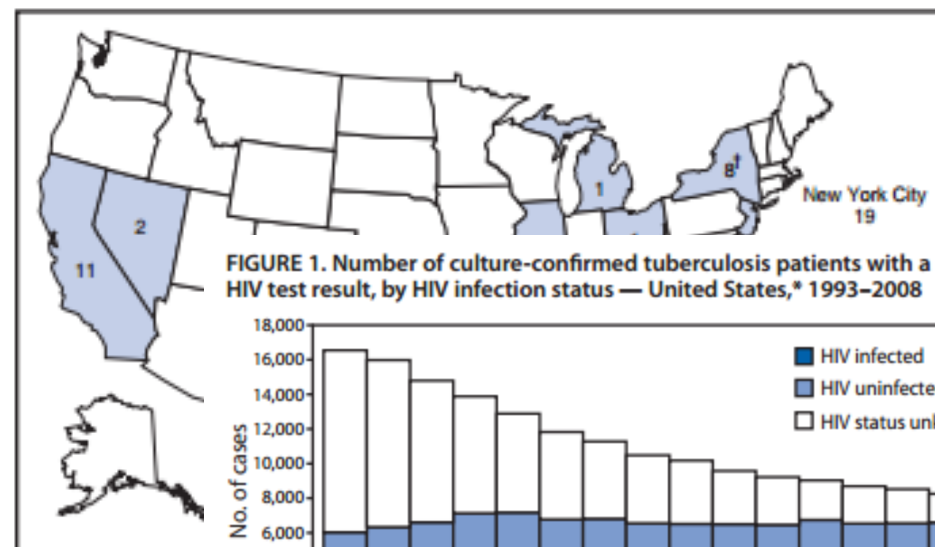
**FIGURE 1. Number of culture-confirmed tuberculosis patients with a recorded HIV test result, by HIV infection status — United States,\* 1993–2008**
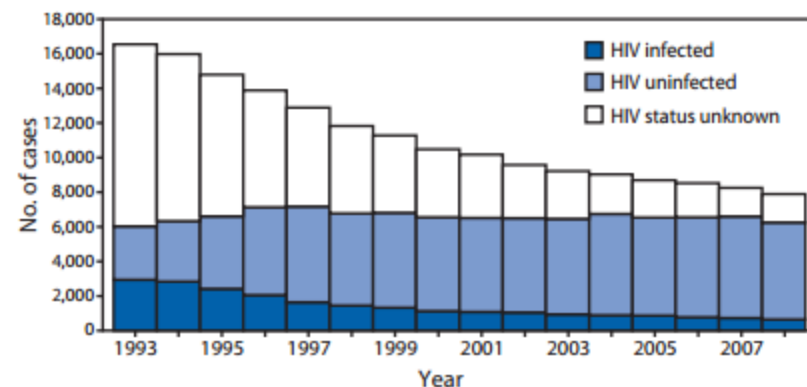


\* Excludes California data because of lack of HIV data on patients with tuberculosis without AIDS.

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# REMEMBER TIMELY?

- A suspected or confirmed case of TB should be reported to the local health authority within one working day of identification as a suspected case.

- An initial RVCT should be submitted to DSHS within 24 hours of receipt of case defining lab or clinical report.

- Report 100% of all TB cases (ATS classification 3) using a DSHS approved form, with all the required reporting fields complete within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch. Submit an updated DSHS Tuberculosis Services Branch approved form whenever a change in information in a required reporting field occurs for all TB cases.

- Submit 100% of all initial, follow up, and last positive *Mycobacterium tuberculosis* culture laboratory reports and drug susceptibilities as well as the first negative culture report after the last positive within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch.

# REMEMBER TIMELY?

- Submit within fourteen (14) days of the initial case or suspect report, an initial report of contacts on forms TB-340 and TB-341 to the DSHS TB/HIV/STD Epidemiology and Surveillance Branch.  Follow-up information shall be submitted at intervals not exceeding 90 days, 120 days and 2 years;
- A suspected case should have disposition within 90 days of report date
- LTBI's should be reported to the local health authority within 7 working days of being diagnosed (*Central Office surveillance does not enter this data unless contact to a case)
- Submit within seventy-two (72) hours of notification any changes in case management, drug resistance patterns, or change of residence of all drug resistant TB cases to DSHS Tuberculosis Services Branch.